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0001/PTO Rev. 10/95	U.S. Department of Commerce Patent and Trademark Office		Application Number		N/A	N/A		
			Fili	ng Date	N/A	N/A		
TRANSMITTAL FORM			Fin	st Named Inventor	N/A	N/A		
(to be used for all correspondence during pendency of filed application)			Examiner					
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Total Number of Pages in This Submission 12			Att	orney Docket Numbe	22271-01	22271-01000		
	ENCI	OSURES	10	heck all that ap	1/v)			
Chec Return Receipt I Response to Nor Assignment & R Declaration Power of Attorne Application Data Information Disc Copie Request for Con Request for Con Amendment/Rec After I Status Request	etice to File Missing Pa elecordation Cover Shares ey a Sheet closure Statement & Pi is of IDS Cited Referent rected Filing Receipt rection of Recorded As sponse: [] Page(s)	FO/SB/08A nces		Request to W Patent/Applicatio 6,968,557 09/767,365 09/723,753 09/849,007 09/687,997 10/877,362 10/882,997 10/782,739 10/782,726	thdraw as Att n Nos. 10/7	torney or Agent in 82,529 47,663		
REMARKS:								
	9:01	ATUDE O		TORNEY OF A	210 N T			
Signatura:	SIGN	ATURE U	A	TORNEY OR A	JEIN I			
Signature: Attorney/Reg. No.:	Rimma Budnitskaya	a. Reg. No. 4	<u> </u>	The state of the s	Dated:	December		
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I hereby certify that this	correspondence, including	the enclosure	s lde	SIMILE TRANSI	nsmitted on the d	late shown below via facsimile		
o: Commissioner for Pa Signature:	atents at the facsimile num	nber indicated i	below	·				
Typed or Printed Nan	ne: Rimma Budni	tskaya			Dated	: December 29, 2005		
Facsirolle Number:		(571) 273-8	300					

DEC 1 9 2005

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

10/782,529				
February 18, 2004				
Abhishek Chauhan				
2141				
Not yet known				
22271-08772				

To:	Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450										
I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.											
The reasons for this request are:											
The client knowingly and freely assents to termination of the employment.											
							-				
1.	The corresponden	ce address is NOT affe	cted by this w	ithdrawal.							
2. Change the correspondence address and direct all future correspondence to:											
	•		_								
Firm o		Choate, Hall & Stewa	rt, LLP								
Individ	ual Name										
Addres	s	Two International Place									
Addres	s										
City		Boston		State	MA	Zip	02110				
Countr	у	United States									
Teleph	one	(617)-248-5000		Fax	(617)-248-4000						
 ☐ This request is made on behalf of myself and ☐ all the attorneys/agents of record, ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or ☐ the attorneys/agents associated with Customer Number On whose behalf I have signed this request and on whose behalf I am authorized to sign. 											
Name		Rimma Budnitskaya, Reg. No. 48,237									
Signat	ure	m									
Date		December 19, 2005									
Unlass	s there are at least 3:	tive when approved ra O days between approvisible extension period,	≀al of withdra∾	ial and the	expiration date of a timis normally disapproved	ne d.					